

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: University of Miami Medical Training and Simulation Laboratory
2. Date of Submission: 10/23/2019
3. House Member Sponsor: Holly Raschein  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

| FY:                | Input Prior Year Appropriation for this project<br>for FY 2019-20<br><i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2020-21<br><i>(Requests for additional RECURRING funds are prohibited.)</i> |  |   |
|--------------------|---|-------------------------------|---|---|--|---|
| Column:            | A   | B                             | C   | D   | E                                      | F   |
| Funds Description: | Prior Year Recurring Funds  | Prior Year Nonrecurring Funds | Total Funds Appropriated<br><br><i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts:     | 3,500,000   | 250,000                       | 3,750,000   | 3,500,000   | 500,000                                | 4,000,000   |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
  - 5a. If yes, which state agency? Department of Education
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
Subject to the penalties put forth by the Department of Education

6. Requester:

- a. Name: S. Barry Issenberg
- b. Organization: University of Miami Gordon Center - Medical Training and Simulation Laboratory
- c. Email: bissenbe@miami.edu
- d. Phone #: (305)243-6491

7. Contact for questions about specific technical or financial details about the project:

- a. Name: S. Barry Issenberg
- b. Organization: University of Miami Gordon Center - Medical Training and Simulation Laboratory
- c. Email: bissenbe@miami.edu
- d. Phone #: (305)243-6491

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Raena Wright
- b. Firm: University of Miami
- c. Email: Raenawright@miami.edu
- d. Phone #: (305)284-2618

9. Organization or Name of entity receiving funds:

- a. Name: University of Miami
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The goals are to: 1) Disseminate, update and evaluate life-saving programs related to Tactical and Medical Response to Active Shooter Hostile Events (ASHE), and that will be used to train first-responders (law enforcement, EMS) throughout Florida. 2) Develop & disseminate 'train-the-trainer' materials, & provide ongoing resources and support to statewide programs that carry our active shooter training and natural disaster preparedness programs to 1st responders and other medical providers.

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category   | Description   | Nonrecurring<br>(Should equal 4d, Col. E) Enter "0" if<br>request is zero for the category |
|---|---|--|
| Administrative Costs:   |   |  |
| <input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits |   |  |
| <input type="checkbox"/> b. Other Salary and Benefits                           |   |  |
| <input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other             |   |  |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study               |   |  |
| Operational Costs:  |   |  |
| <input checked="" type="checkbox"/> e. Salaries and Benefits                    | Direct and organize curricula and training programs. Oversee operations and course logistics. Prepare training equipment , classrooms, and simulation settings. Provide training and evaluate learners' knowledge and skills. | 325,000  |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Patient simulation training systems. Medical procedural task trainers. Consumable supplies used for training.   | 125,000  |

|   |   |         |
|---|---|---------|
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study  | Contracted services to support tele-training throughout Florida, include remote and rural geographical regions. | 50,000  |
| Fixed Capital Construction/Major Renovation:                                  |   |         |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering |   |         |
| TOTAL   |   | 500,000 |

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letters and emails of support from municipal, county law enforcement and EMS Chiefs, and directors of Training Programs. Email of support from director of army trauma training department. Emails from state college EMS programs. Support from U.S White House medical unit. Support from Department of Defense.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

) Marjory Stoneman Douglas HS Public Safety Commission's recommendations state, "Law enforcement agencies are encouraged to formalize Rescue Taskforce protocols with fire/EMS agencies and to train with them on a regular basis; 2) recommendations and standards of the International Public Safety Association (IPSA), 2) InterAgency Board, 3) Hartford Consensus Statement, and 4) Tactical Emergency Casualty Care (TECC) guidelines.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Life-saving, critical skills for first responders (law enforcement / EMS) to active shooter/assailant hostile events and natural disasters (hurricanes).

17b. Describe the direct services to be provided to the citizens by the funding requested.

These training programs focus on life saving skills and recommended best practices for the pre-hospital management of active shooter/assailant events and natural disasters (hurricanes) for all populations.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons

- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): All Florida citizens and visitors at risk of injury or death in the event of an active shooter/assai

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

| Benefit or Outcome   | Provide a specific measure of the benefit or outcome   | Describe the method for measuring level of benefit  |
|--|--|---|
| <input checked="" type="checkbox"/> Improve physical health                  | Improvement of knowledge and skills in the response to active shooter/assailant hostile events and natural disasters (hurricanes). | Surveys of 1st responders (law enforcement / EMS); Simulation scenarios; Examinations to assess knowledge and skills  |
| <input checked="" type="checkbox"/> Improve mental health                    | Improvement of knowledge and skills in the response to active shooter/assailant hostile events and natural disasters (hurricanes). | Surveys of 1st responders (law enforcement / EMS); Simulation scenarios; Examinations to assess knowledge and skills. |
| <input type="checkbox"/> Enrich cultural experience                          |  |   |
| <input type="checkbox"/> Improve agricultural production/promotion/education |  |   |
| <input checked="" type="checkbox"/> Improve quality of education             | Improvement of knowledge and skills in the response to active shooter/assailant hostile events and natural disasters (hurricanes). | Surveys of 1st responders (law enforcement / EMS); Simulation scenarios; Examinations to assess knowledge and skills. |

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality             |   |   |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Improvement of knowledge and skills in the response to active shooter/assailant hostile events and natural disasters (hurricanes) | Surveys of 1st responders (law enforcement / EMS); Simulation scenarios; Examinations to assess knowledge and skills. |
| <input type="checkbox"/> Improve transportation conditions   |   |   |
| <input type="checkbox"/> Increase or improve economic activity   |   |   |
| <input type="checkbox"/> Increase tourism  |   |   |
| <input type="checkbox"/> Create specific immediate job opportunities                                     |   |   |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency                         |   |   |
| <input type="checkbox"/> Reduce recidivism   |   |   |
| <input type="checkbox"/> Reduce substance abuse  |   |   |
| <input type="checkbox"/> Divert from Criminal/Juvenile justice system                                    |   |   |
| <input type="checkbox"/> Improve wastewater management   |   |   |
| <input type="checkbox"/> Improve stormwater management   |   |   |
| <input type="checkbox"/> Improve groundwater quality   |   |   |
| <input type="checkbox"/> Improve drinking water quality  |   |   |
| <input type="checkbox"/> Improve surface water quality   |   |   |
| <input type="checkbox"/> Other (Please describe):  |   |   |

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

| Type of Funding | Amount | Percent of Total | Are the other sources of funds guaranteed in |
|-----------------|--------|------------------|--|
|-----------------|--------|------------------|--|

|  |           |       | writing? |
|--|-----------|-------|----------|
| 1. Amount Requested from the State in this Appropriations Project Request: | 500,000   | 13.5% | N/A      |
| 2. Federal:  | 450,000   | 12.2% | Yes      |
| 3. State: (Excluding the requested Total Amount in #4d, Column F)          | 0         | 0.0%  | No       |
| 4. Local:  | 250,000   | 6.8%  | Yes      |
| 5. Other:  | 2,500,000 | 67.6% | Yes      |
| TOTAL  | 3,700,000 | 100%  |          |

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- ongoing activity – no total cost
- <1M
- 1-3M

>3-10M

>10M